MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT#7

Complete this report in duplicate at the tim Send copy to Department of Health and Se	e of the regular monthly nior Services; retain orig	preventative mainter inal in department file) .				
ALCO SENSOR IV SN	PRINTER SN		1	ATE OF INSPECTION			
026999 LOCATION OF INSTRUMENT (STREET AND CITY)	13.1891,096			07-04-2013 TIME OF INSPECTION			
501 Faraon St. Joseph MO 64501		1455					
CHECKLIST: Place a mark in the box by e	ach item it found to be s	atisfactory or if operat	ing within establish	ed limits. (Write in observed val-			
ues where determined.) Unmarked items m	ust be corrected before	using instrument.					
DIGITAL READOUT (ALL ELEMENTS	OPERATIONAL)						
TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)						
PRINTER WORKING PROPERLY	·						
TIME AND DATE DISPLAYING PROPI		<u> </u>		MEGGALIT			
BREATH ALCOHOL ACCURACY STAND	ARDS		· · · · · · · · · · · · · · · · · · ·				
SIMULATOR SOLUTION	<u> </u>	COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER Airgas		LOT # AG300201	EXP.DATE <u>01-02-2015</u>				
SIMULATOR TEMPERATURE (34'C ±	0.2'C) SII	MULATOR SN	SIMULAT	LATOR EXP DATE			
0,100% STANDARD - MUST REA 0,080% STANDARD - MUST REA 0,040% STANDARD - MUST REA	D BETWEEN 0.076% at	nd 0.084% INCLUSIV	E				
TEST 1 W101	TEST 2 W100		TEST 3 W- ,099				
RFI DETECTOR OPERATING							
INDICATE THE NUMBER OF BREATH TE (DO NOT INCLUDE SELF-ADMINISTERE		NG RANGES SINCE	THE LAST MAINT	ENANCE REPORT:			
REFUSALS 0 (004) 0	(.0509) 0	(.1014) n	(.1519) 0	(OVER.19) ₀			
List any new parts and describe any altera established limits (use other side if necessa	tion or modification that	, , ,		operate satisfactorily and within			
INSPECTING OFFICER	The Control of the Co	Made and the second of the second	PRINT NAME				
	Brad Kerns						
TYPE 11 PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER						
20427 12-27-14	·		816-271-5359	On the and Dietal-1 Office			
	vicohol Program, MO De Ames Boulevard Bluff, MO 63901	partment of Health a	na Senior Services	, Southeast District Office			

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 12001
"EXPIRATION DATE: April 2, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain 1205 gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of .100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>April 3, 2012</u>. The expiration date for this lot number is <u>April 2, 2014</u> at 11:59 p.m.

This document is a true representation of the original Certificate of

Analysis.

Cecil B. Garner, President RepCo Marketing, Inc.

Form RM 02

	AS IV Serial no: 828999 Version no: 7489	TEST RECORD 01296	3/ Temp Date Time 21GL	Air Blank: 5784/13 15:81 . 888		String Name		September 1 1	S. T. S.	Operator Name, 1.D.	DOI FORMONS	Location	NI. JOSETT, MO	MI-TELLI / LEYOCC
AS IV Serial no: 025999 Version no: 7489	RECORD 81295	s/ Temr Date Time 2101	Air Blank	e7/24/13 14:58 .000 Calibration Check: 21 87/04/13 14:58 .103	Subject Name		Subject I.D.	Kews, Been M	Operator Mane, I.D.	Sol fallow ST	CN HOSSON		NICCI LEYORE	,
	HS 10 Sarial no: 026999 Version no: 7409	TEST RECORD 81294	Temp Hate Time 2161	Air Blank: 87/84/13 14:55 .898 C-liberation Characterists	28 87/84/13 14:55 .181	Subject Name		Subject 1.1.	KARUS, BAW, M	Urerator Mane, I.D.	SOI CARAN ST Location	ST. 50 S JAB. M. W. 6'89	•	M-re-ci / Lepoer

AS IV Serial no: 826999 Version no: 7489 TEST RECORD 01297

S/

Temp Date Time 218L

Void: RFI

12 07/04/13 15:03

Subject Name

Subject 1.1.

Laws, Ran, Moserator Name, 1.1.

Sol falsen Location

St. MSEPH, MS

Y1-22-27 / TENORE

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



BRAD M KERNS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

air, issued under the provisions of sec	tions 677.020 through 677.041, H8MO 1986.				
Date	Want				
	Director of State Public Health Laboratory				
Number 220427	Dail Vasterly ACTING DIRECTOR				
Expires 12/27/2014	J NOTING BIRDS ON				
	Director, Department of Health				
MO 580-0771 (7-88)	Lab. 4 (A7-88)				